

2492

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County GreenleeDistrict
Town Metcalfe
Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No.

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 199Local Registrar's No. 106

No. _____ St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME

Dominick Gamboa

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White Indian Black Chinese Mexican X
SINGLE Widow Married Widowed or Divorced

DATE OF BIRTH Sept 21 1914
(Month) (Day) (Year)

AGE 3 yrs 18 mos 18 days hrs. or min.
If less than 1 day

OCCUPATION
(a) Trade, profession or particular kind of work Chica
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Arizona

NAME OF FATHER Pablo Gamboa

BIRTHPLACE OF FATHER (State or country) Old Mexico

MAIDEN NAME OF MOTHER Guadalupe Berquez

BIRTHPLACE OF MOTHER (State or country) Old Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pablo Gamboa

(Address) Metcalfe Arizona

PLACE OF BURIAL OR REMOVAL Metcalfe Ariz

DATE OF BURIAL OR REMOVAL Sept 11 1914

UNDERTAKER No

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 10 1914
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 191 to 191; that I last saw him alive on 191, and that death occurred on the date stated above at 8 A.M. The DISEASE or INJURY causing

Death was as follows: Known
had no doctor

(Duration) yrs. mos. days

Was disease contracted in Arizona? 37

If not, where?

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) M. H. Burns - Coroner

8-10-1914 (Address) Metcalfe Ariz.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE At place of death yrs. mos. ds. In Arizona yrs. mos. ds.

Former or Usual Residence Filed 8-10-1914 M. H. Burns Local Registrar

Filed 9-4-1914 L. W. McIntosh County Registrar